DOI: 10.1136/annrheumdis-2018-eular.2308

THU0326

DISCONTINUATION AND SWITCHING PATTERNS OF TUMOUR NECROSIS FACTOR INHIBITOR (TNFI) THERAPY IN TNFI-NAÏVE AND TNFI-EXPERIENCED PATIENTS WITH PSORIATIC ARTHRITIS IN THE US CORRONA PSORIATIC ARTHRITIS/SPONDYLOARTHRITIS (PSA/SPA) REGISTRY

¹P. Mease, M. Liu², B. Gershenson³, P. Hur⁴, J. Greenberg⁵. ¹Swedish Medical Center and University of Washington, Seattle; ²Corrona, LLC, Waltham; ³University of Massachusetts Medical School, Worcester; ⁴Novartis Pharmaceuticals Corporation, East Hanover; ⁵New York University School of Medicine, New York, USA

Background: To better inform treatment decisions for patients with psoriatic arthritis (PsA), it is important to understand outcomes in patients who initiate a first line vs a subsequent line of TNFi therapy. Limited studies have evaluated persistence and switching of TNFi therapy in TNFi-naïve vs TNFi-experienced US patients with PsA.

Objectives: To examine discontinuation and switching of TNFis in TNFi-naïve and -experienced patients with PsA in the US Corrona PsA/SpA Registry.

Methods: All patients aged ≥ 18 years in the Corrona PsA/SpA Registry who were diagnosed with PsA, initiated a TNFi (index therapy) between March 2013 and , January 2017 and had ≥ 1 follow-up visit after TNFi initiation were included. Patients were stratified by prior TNFi use (TNFi naïve: no prior TNFi or other biologic; TNFi experienced: ≥ 1 prior TNFi). Patient demographics and clinical and disease characteristics were assessed at the time of TNFi initiation (baseline). Time to discontinuation of the index TNFi (with or without switching) and time to switch to another biologic were assessed by Kaplan-Meier analysis. Log-rank tests were used to assess differences in persistence and switching between the TNFi-naïve and -experienced cohorts. Provider-reported reasons for discontinuation of the index TNFi were summarised descriptively.

Results: 318 patients with PsA were included (TNFi naïve, n=171; TNFi experienced, n=147), with a total follow-up of 579.2 person-years. Experienced patients had a longer mean (SD) disease duration (13.3 [10.0] vs 9.5 [9.7] years; $p < 0.01$) and a higher proportion had a history of prednisone use (27.9% vs 17.5%; $p = 0.03$) compared with naïve patients. A total of 75 naïve (43.9%) and 80 experienced patients (54.4%) discontinued their index TNFi, including 33 (19.3%) and 48 (32.7%), respectively, who switched to a new biologic. The median (95% CI) time to discontinuation of the index TNFi in naïve vs experienced patients was 27 (22 to 33) vs 20 (18 to 28) months, respectively (figure 1). Among those who discontinued their TNFi, the mean (SD) time to discontinuation was 14.5 (8.0) months in naïve patients vs 14.0 (8.9) months in experienced patients. Due to the low number of switching events, the median time to switch of the index TNFi could not be estimated. Among those who switched to a new biologic, the mean (SD) time to switch was 16.0 (8.1) vs 13.5 (7.5) months in naïve and experienced patients, respectively. TNFi-naïve patients had greater persistence with their index TNFi ($p = 0.03$) and were less likely to switch to another biologic ($p = 0.002$) compared with TNFi-experienced patients. Provider-reported reasons for discontinuation included lack of effect (naïve, 71%; experienced, 62%), side effects (10%; 23%), social reasons (6%; 3%), doing well (3%; 0%), and other (10%; 12%).

Abstract THU0326 – Figure 1. Time to Discontinuation (With or Without Switching) and Time to Switch of Index TNFi in TNFi-Naïve and TNFi-Experienced Patients With PsA. PsA, psoriatic arthritis; TNFi, tumour necrosis factor inhibitor.

Conclusions: In this real-world analysis of US patients with PsA, TNFi-experienced patients were more likely to discontinue and switch their index TNFi and had a shorter time to discontinuation compared with TNFi-naïve patients. These results may help inform treatment decisions when selecting later lines of TNFi therapy in patients with PsA.

Acknowledgements: This study was sponsored by Corrona, LLC.

Disclosure of Interest: P. Mease Grant/research support from: AbbVie, Amgen, BMS, Celgene, Lilly, Novartis, Pfizer, UCB, Consultant for: AbbVie, Amgen, BMS, Celgene, Corrona, Genentech, Janssen, Lilly, Merck, Novartis, Pfizer, UCB, Speakers bureau: AbbVie, Amgen, BMS, Celgene, Genentech, Janssen, Pfizer, UCB, M. Liu Employee of: Corrona, LLC, B. Gershenson Employee of: University of Massachusetts Medical School, P. Hur Employee of: Novartis, J. Greenberg Shareholder of: Corrona, LLC, Consultant for: Eli Lilly, Genentech, Janssen, Novartis, Pfizer, Employee of: Corrona, LLC

DOI: 10.1136/annrheumdis-2018-eular.1491

THU0327

REAL WORLD (RW) EXPERIENCE WITH AN ANTI-IL-17A INHIBITOR IN BIOLOGIC NAÏVE AND BIOLOGIC EXPERIENCED PSORIATIC ARTHRITIS (PSA) PATIENTS

¹B. Moon, J. Hill², N. Booth¹, S. Lobosco¹. ¹Adelphi Real World, Macclesfield, UK; ²Eli Lilly and Company, Indianapolis, USA

Background: Two IL-17A inhibitors are approved for the treatment of PsA, ixekizumab and secukinumab. At the time of this survey, real world evidence was only available for secukinumab, which was approved for PsA in 2016 in EU, Australia and Switzerland. Secukinumab label dose for PsA patients with either concomitant moderate to severe plaque psoriasis or anti-TNF α inadequate responders is 300 mg. For other patients, the recommended dose is 150 mg. All patients receive a loading dose regimen by S.C. injection at Weeks 0, 1, 2, 3 and 4, followed by monthly maintenance dose. Little data are published on the RW utilisation of secukinumab in PsA.

Objectives: Describe RW dose utilisation of an anti-IL-17A inhibitor, among biologic naïve and biologic experienced PsA patients.

Methods: Data from a chart review study conducted in 2017 across France, Germany, Italy, Spain, UK, Australia and Switzerland where secukinumab is reimbursed were used. Specialists were recruited by field-based interviewers, and provided information on demographics, Body Surface Area (BSA), time since diagnosis and treatment for their adult PsA patients currently receiving secukinumab.

Results: 212 rheumatologists, 89 dermatologists, 1 orthopedist provided data for 1451 patients. Mean age 50.6 years, 47% female, mean time since PsA diagnosis 5.9 years and 86% had concomitant psoriasis. 96% received prior csDMARD(s) and 8% prior apremilast. 29% (425) were biologic naïve and 71% (1024) biologic experienced (limited differences between specialists: 74% rheumatologists; 63% dermatologists). 34%, 24%, and 13% received, 1, 2, and 3+ prior biologics respectively.

Among biologic naïve patients on 150 mg, 36% (52/145) had a BSA $\geq 10\%$, where the recommended dose is 300 mg at secukinumab initiation. 29% (274/930) of biologic experienced patients received secukinumab at 150 mg, not the recommended 300 mg dose (figure 1)

Abstract THU0327 – Figure 1. Secukinumab Dosing: Current Dose (Loading or Maintenance). *For this analysis, moderate to severe psoriasis was defined as BSA $\geq 10\%$

Conclusions: In the RW, secukinumab is prescribed mainly in biologic experienced patients (71%) and is not universally prescribed at the recommended dose for PsA. Specifically, of those who are biologic naïve (29%), 36% of patients on 150 mg had moderate to severe psoriasis, which is outside the recommended dose. Further RW experience is needed for ixekizumab.

Acknowledgements: Acknowledgements: This chart review study was designed and run by Adelphi Real World. The study was supported by a number of

pharmaceutical companies, including Eli Lilly and Company. This specific analysis and abstract was supported by Eli Lilly and Company.

Disclosure of Interest: R. Moon: None declared, J. Hill Grant/research support from: Eli Lilly and Company, Employee of: Eli Lilly and Company, N. Booth: None declared, S. Lobosco: None declared

DOI: 10.1136/annrheumdis-2018-eular.7341

THU0328 MIR-499 POLYMORPHISM IS ASSOCIATED WITH SUSCEPTIBILITY TO PSORIATIC ARTHRITIS – PRELIMINARY STUDY

¹R. Sokolik, J. Swierkot¹, M. Iwaszko², M. Kozłowski², L. Korman¹, P. Wiland¹, K. Bogunia-Kubik², ¹Department of Rheumatology and Internal Medicine, Medical University, ²Laboratory of Clinical Immunogenetics and Pharmacogenetics, Hirschfeld Institute of Immunology and Experimental Therapy, Polish Academy of Sciences, Wrocław, Poland

Background: Polymorphism within the miR-499 has been reported to be associated with susceptibility to rheumatoid arthritis (RA) in various populations.

Objectives: Our study aimed to find out whether similar association could be observed also in Polish population in both RA and psoriatic arthritis (PsA) patients.

Methods: For this purpose 359 individuals were studied, including 111 RA patients, 86 patients with PsA and 162 healthy blood donors that served as a control group.

Genotyping for miR-499 rs3746444 T/C was performed using a LightSNIP assay.

Results: Distribution of the miRNA-499 alleles and genotypes was similar in RA patients and controls. Among RA patients those carrying the CC homozygous genotype presented with lower DAS28 at diagnosis (0.027) but higher CRP levels after 12 weeks of anti-TNF treatment ($p=0.042$).

Interestingly, the TT genotype (rs3746444) was overexpressed in patients with PsA as compared to controls (OR=1.85, $p=0.034$) but its frequency was not significantly different when compared to RA cases. This polymorphism was also not found to be associated with clinical parameters in PsA patients.

Conclusions: These results show that miR-499 rs3746444 T/C polymorphism may constitute a risk factor for psoriatic arthritis development.

Acknowledgements: This work was supported by the NCN 2016/21/B/NZ5/01901 project.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6455

THU0329 AN ITALIAN OBSERVATIONAL PROSPECTIVE STUDY ON PREDICTORS OF CLINICAL RESPONSE TO GOLIMUMAB AT 6 MONTHS IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS

¹R. Scivo, A. Giardino², C. Salvarani³, R. Foti⁴, A. Afeltra⁵, O. Viapiana⁶, F. Salaffi⁷, F. Iannone⁸, on behalf of the Predicting MDA in PsA Study Group. ¹Medicina Interna e Specialità Mediche, Sapienza Università di Roma; ²MSD Italia S.r.l., Rome; ³University of Modena and Reggio Emilia, Reggio Emilia; ⁴A.O.U. Policlinico V. Emanuele, Catania; ⁵Campus Bio-Medico, Rome; ⁶University of Verona, Verona; ⁷Politecnica University of Marche, Jesi; ⁸University of Bari, Bari, Italy

Background: The identification of markers of response to biologic agents in the treatment of active psoriatic arthritis (PsA) may help in predicting the outcome and hence in optimising therapy.

Objectives: To evaluate the ability of a panel of candidate factors to predict the clinical response, defined as the achievement of minimal disease activity (MDA) following 6 month therapy with golimumab.

Methods: This Italian 6 month observational study included 149 PsA patients (53.7% males, mean age 49 years (SD 11) inadequate responders to conventional therapies who started the anti-tumour necrosis factor- α golimumab. Estimated factors included demographic data and baseline characteristics of the disease, measures of disease activity and functional disability, and biomarkers.

Results: At 6 months, a high rate of treatment persistency (80%) was observed. MDA was achieved in 44.3% of patients. Multivariate analysis showed Disease Activity in Psoriatic Arthritis (DAPSA) score, high-sensitivity C-reactive protein (hs-CRP), age, and disease duration as baseline factors correlating with MDA achievement at 6 months (table 1). A higher hs-CRP value and the absence of comorbidities were predictive factors for MDA at 6 months in biomarker-enhanced prediction models.

Golimumab was effective in improving disease and functional parameters and was well tolerated.

Conclusions: The availability of predictive factors of treatment response identified in this study may be helpful in driving the selection of PsA patients that are most likely to benefit of the therapy with golimumab.

Disclosure of Interest: R. Scivo Consultant for: Abbvie, MSD, Celgene, Janssen, A. Giardino Employee of: MSD, C. Salvarani: None declared, R. Foti: None declared, A. Afeltra: None declared, O. Viapiana Consultant for: Novartis, Ely Lilly, Sanofi Genzyme, F. Salaffi: None declared, F. Iannone Speakers bureau: Abbvie, Actelion, BMS, Lilly, Novartis, MSD, Pfizer, UCB, Janssen, Celgene, Roche, Sanofi

DOI: 10.1136/annrheumdis-2018-eular.3666

THU0330 OBESITY IN PSORIATIC ARTHRITIS: COMPARATIVE PREVALENCE WITH SKIN PSORIASIS AND ASSOCIATED FACTORS

R. Queiro, A. Lorenzo, E. Pardo, A. Brandy, S. Alonso, M. Alperi, L. Arboleya, J. Ballina. Rheumatology, Hospital Universitario Central De Asturias, Oviedo, Spain

Background: Obesity (BMI ≥ 30 kg/m²) is a common cardiovascular risk factor in psoriatic disease¹. Although the prevalence of obesity is high, the factors associated with it in psoriatic arthritis (PsA) are poorly understood.

Objectives: We aimed to evaluate the prevalence and obesity-associated factors in patients with PsA.

Methods: Retrospective cross-sectional study that included 205 consecutive patients with PsA according to CASPAR criteria. The prevalence of obesity was compared with that of 310 patients with skin psoriasis of similar age (± 3 years). The factors associated with obesity were first analysed by a conditional logistic regression. The significant factors in this first model were then introduced in a multivariate model using a backward step approach (p -values < 0.05 were considered significant).

Results: One-hundred twelve men and 94 women were included, with a mean age of 53 ± 13 years. Obesity was more prevalent among psoriatics (36.5%) compared to PsA patients (24%), OR 1.6 (1.1–2.3), $p < 0.05$. The factors associated with obesity in the univariate analysis ($p < 0.05$) were: onset of psoriasis > 40 years (OR 2.4), onset of arthritis > 40 years (OR 2.1), PsA family history (OR 3.1), polyarticular presentation (OR 1.9), axial presentation (OR 2.5), polyarticular evolution (OR 2.4), axial evolution (OR 4.2), diabetes (OR 3.6), HBP (OR 3.9), and dyslipidemia (OR 3.5). After correcting for age, sex, disease duration and other confounders, independent associations with obesity found in the multivariate model ($p < 0.05$) were: PsA family history (OR 3.6, IC95%: 1.1–14.4), axial evolution (OR 4.4, IC95%: 1.0–22.4) and dyslipidemia (OR 3.5, IC95%: 1.5–8.6).

Used model	Parameter	Item considered	Odds Ratio	95% confidence interval	P value
Univariate logistic model (ULM)	Gender	Female	0.3197	0.1531–0.6677	0.0024
	Age	Continuous	0.9570	0.9252–0.9899	0.0109
	Baseline DAPSA score	Continuous	0.9287	0.8967–0.9618	<0.0001
	Baseline HAQ total score	Continuous	0.2937	0.1423–0.6063	0.0009
	Baseline Pain	Continuous	0.9833	0.9684–0.9984	0.0299
	Baseline BASDAI	Continuous	0.7036	0.5733–0.8635	0.0008
Multivariate logistic model (MLM)	Comorbidities	Presence	0.3258	0.1465–0.7241	0.0059
	Age	Continuous	0.9542	0.9112–0.9993	0.0465
	Baseline hs-CRP	Continuous	1.0015	1.0002–1.0028	0.0241
	Baseline DAPSA score	Continuous	0.9255	0.8879–0.9647	0.0003
	Disease duration	Continuous	1.0057	1.0007–1.0107	0.0260
	Baseline hs-CRP	Continuous	1.0688	1.008–1.1334	0.0261
Biomarker-enhanced ULM	Comorbidities	Presence	0.2645	0.0881–0.7941	0.0177
Biomarker-enhanced MLM	Baseline DAPSA score	Continuous	0.9231	0.8850–0.9628	0.0002